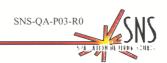
Spallation Neutron Source



Procedure

Procedure Number: SNS-QA-P03

Date: 22 February 2000

Revision: 0

Title: Procedure for Acceptance Criteria Listings

Copies: This document is available on the SNS web site. If you are working with a copy, you should periodically verify that it is the current revision number.

Purpose

To define the process and rules for generating, approving, and using acceptance criteria listings (ACLs) for SNS. It implements parts of the SNS Quality Assurance Plan, SNS-QA-P01; Criterion 3, Quality Improvement; and Criterion 5, Work Processes, "Acceptance Planning."

Scope

Items of hardware, software, or service that have requirements other than catalog items or standard commercial practices (Quality Levels 1 and 2 as defined in SNS-QA-P01).

Responsibilities

- Task leader or other appropriate management designates the originator who will prepare an ACL when applicable.
- Originator and appropriate quality assurance representative (QAR) sign the ACL as a plan, before the ACL-covered work is done.
- Verifier: The person responsible for the verification results or for evaluation of the results, initials or stamps the ACL to indicate completion and lists the inspection discrepancy report or nonconformance report, if one was generated.
- The QAR begins the ACL record in the ACL database at the time requirements are approved and updates it upon completion of the verifications.

Process Flow

See Appendix A.

Records

The ACL is a record, to be kept in accordance with the SNS Records Plan. Appendix A may also be signed and dated as a record that this procedure was followed for a particular ACL.

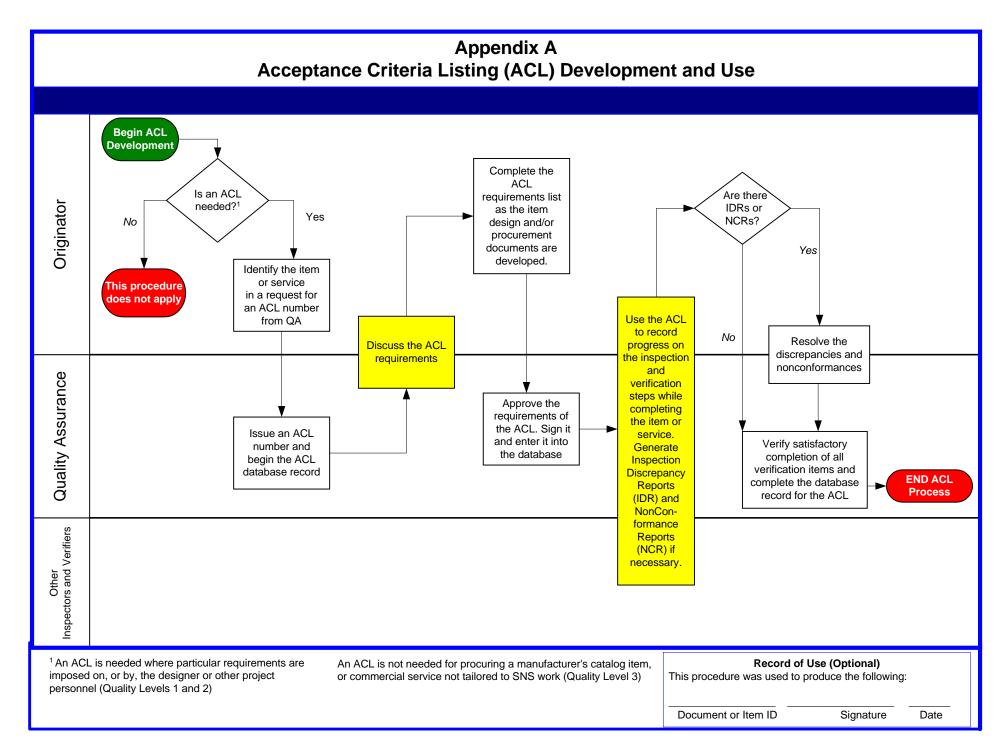
References

SNS-QA-P01, SNS Quality Assurance Plan

Appendices

- A. Acceptance Criteria Listing (ACL) Development and Use
- B. Acceptance Criteria Listing Form
- C. Acceptance Criteria Listing Continuation Sheet
- D. Acceptance Criteria Listing Form Instruction Sheet
- E. Inspection Discrepancy Report Form
- F. Inspection Discrepancy Report Continuation Sheet

Approved by: Mulaul M. Shoruki SNS Quality Assurance Manager



Appendix B

ACCEPTANCE CRITERIA LISTING

	<u>/</u> S	NS
SPALLATIO (REUTRON	SOURCE
- 1		•

Page _	1	of					Number	
Origina	ator:				Locations:			
Name _					$\square_{\text{ANL}} \square_{\text{BN}}$	L 🗆 LANL	\Box LBNL \Box O	ORNL OTH.
E-mail					Group			
Phone						Qua	ntity	
Part Na	ame _							
Part Nu	ımbeı	r						
Addition Remark								
				Verification or To	estina Requireme	ents		
					Journal House	NAME	OR STAMP OF	DATE
ITEM NO				OR TEST TO BE	VERIFYING	2	DR NO.	DATE INSPECTED
110		00112	001200	K WINEGOLD	Littiiii			
REQUIRE	MENTS	APPROVAL:		REQUIREMENTS APPROVA	L:		nuation sheet if nee	
Line or	Proj	ect Rep.	Date	QA Rep.	Date	database	,	- -

Appendix C

ACCEPTANCE CRITERIA LISTING (Continuation Sheet)

Page _	of	Number						
	VERIFICATION OR TESTING REQUIREMENTS							
ITEM NO.	CHARACTERISTIC OR TEST TO BE CONDUCTED OR WITNESSED	VERIFYING ENTITY	NAME OR STAMP OF INSPECTOR IDR NO.	DATE INSPECTED				

ACCEPTANCE CRITERIA LISTING

Page _1_ of	Number
Originator:	Locations:
Name	□ ANL □ BNL □ LANL □ LBNL □ ORN OTH
E-mail	Group
Phone	Quantity
Part Name	
Part Number	
Additional Remarks	<u> </u>

	Verification or Testing Requirements						
					NAME OR STAMP OF INSPECTOR	DATE	
ITEM NO			C OR TEST TO BE OR WITNESSED	VERIFYING ENTITY	IDR NO.	INSPECTED	
1	2		13	14	1 5	16	
				10			
REQUIRE	EMENTS APPROVAL		REQUIREMENTS APPROVAL:	16	Use continuation sheet if nee QA rep. enters completion do		
Line o	r Project Rep.	Date	QA Rep.	Date	database		

ACCEPTANCE CRITERIA LISTING (Continuation Sheet)

Page	of	Number					
	VERIFICATION OR TESTING REQUIREMENTS						
ITEM NO.	CHARACTERISTIC OR TEST TO BE CONDUCTED OR WITNESSED	VERIFYING NAME OR STAMP OF INSPECTOR INSPECTED INSPECTED					

Spallation Neutron Source

Acceptance Criteria Listing Instruction Sheet

- List the number of pages in the ACL 1.
- 2. Use a unique numbering system (database compatible)
- List the name of the person originating the ACL 3.
- Check the appropriate SNS facility 4.
- 5. List the e-mail address of the originator
- State the group (typically this is the WBS level 3 title description) 6.
- 7. List the originator's phone number
- 8. Declare the number of items or parts covered by the ACL
- 9. List the part(s) name
- List the part drawing number, model number, serial number, etc.
- List any additional applicable information (Specification numbers associated with the work, 11. inspection-sampling instructions, handling concerns, safety considerations, etc.)
- Identify each item or attribute with a number (1,2,3...) 12.
- Write a short, concise description of the test or verification processes

(Examples: Perform dimensional inspection

Conduct helium leak tests

Visually inspect for cleanliness

Conduct tests as per spec. # XXXXXXXXX

Review and accept vendor-supplied certificates

Review and accept test data

- Location or area designated to perform test or verification
- 15. Signature or stamp of tester or inspector. Note: Inspector can be different than the originator. Include Inspection Discrepancy Report (IDR) number, if applicable.
- Date the test or verification was completed 16.
- ACL originator's signature, (signed before starting the work) 17.
- Local quality assurance representative's signature, (approved before starting work or requisition)
- Page 2 continuation sheet, if needed ("Number" at top must include the unique ACL identification number noted on page 1)

Page 5 of 7

Appendix E

INSPECTION DISCREPANCY REPORT



Page _	<u>1</u> of		IDR Number: D			
(Use the ACL number and item number)					er if applicable)	
Reporte	ed by:		cations:			
Name _			ANL □BNL □LA	NL □LBNL □ ORN	∟ ⊔отн.	
Quantity	·					
Part Nar	me					
	mber					
Addition						
rtomant						
	DISCREPANCIES FROM	VI VERIFICATIO	N OR TESTING REQU	JIREMENTS		
DIS. NO.	DISCREPANCY		ACTION TAKEN	ВҮ	DATE	
APPROV	'AL					
Page 6 o	SNS PROJECT REP.	DATE	QUALITY REP.		DATE	

Appendix F

INSPECTION DISCREPANCY REPORT (Continuation Sheet)

Page _	of	IDR Number: D						
	DISCREPANCIES FROM VERIFICATION OR TESTING REQUIREMENTS							
DIS. NO.	DISCREPANCY	ACTION TAKEN	вү	DATE				
				i				